

Attachment B

Statement of Interest – Statewide Long-Term Care Reform

Organization Name:

Wisconsin Council on Developmental Disabilities

Contact Person and Contact Person's Organization:

Jennifer Ondrejka, Executive Director
Wisconsin Council on Developmental Disabilities
201 W. Washington Avenue
Madison, WI 53703
(608) 266-1166
ondrejm@dhfs.state.wi.us

Brief Description of Organization:

WCDD is a federally-funded government organization established in federal and state statutes to plan and advocate on behalf of individuals with developmental disabilities. WCDD is attached to the Department of Health and Family Services for administrative purposes.

Interest in Planning and Implementation of Long-Term Care Reform in Wisconsin:

The Council's mission of inclusion for people with developmental disabilities cannot be achieved without access to long-term care. For people with developmental disabilities, long-term care is not just a matter of providing "care services" at home; it is the basis on which people build a full life at home, at work, and in the community.

The Council's priorities in long-term care reform are self-determination, quality and stability of the direct service workforce, elimination of waiting lists, statewide access to individualized services and supports, and seamless transition between the children's system and the adult system. The Council believes the Department's movement towards managed care can incorporate elements that address each of the Council's interest areas while producing cost saving and increasing consumer satisfaction.

1. Self-Determination:

Self-determination has a proven track record of reducing costs while increasing consumer satisfaction. It has been successfully employed in Dane County and in many other parts of the country. Self-determination differs from consumer-directed services in that individuals and their families actually control their entire service budget with assistance from a trained "service broker" and they may not only choose among providers, but choose to go outside the "system."

The funding system maintains ultimate quality control by allocating the individuals' budgets, approving service plans, and monitoring the health and safety of the individuals. Individuals are free to make choices and utilize supports outside the usual Medicaid service system as long as their health and safety are ensured and funding is contained within their allocation.

2. Direct Service Workforce:

The availability of qualified direct service workers is a growing crisis in Wisconsin and nationwide. The Council has been working with staff DHFS on strategies that it believes can help address the concern and fit within the managed care framework.

Recruitment: The Council believes that an online recruitment system is a necessary element in ensuring consumers' access to workers. The Council has been working with service providers and DHFS staff to bring the "Rewarding Work" recruitment program to Wisconsin. Rewarding Work recruits individuals to work as direct care staff through a public relations campaign. People who are recruited can either fill out an interest survey on-line or through a toll-free number. By paying a fee, individuals or agencies seeking workers can receive the names of individuals meeting their specifications and proceed to interview them. Agency and consumer costs are reduced because they no longer have to pay for advertising. The Council is also communicating with SEIU regarding its "Quality Home Care Commission" proposal, which shares some features of Rewarding Work.

Training: The Long Term Care Council recently released a report on workforce development in Wisconsin. The report described the ideal workforce training system; one that would be flexible, portable, competency based, and contribute to the professionalism of the field. The Council strongly believes that the national College of Direct Support meets every criterion in that report and should be used in Wisconsin. The College of Direct Support would save money for agencies and consumers. Rather than repeating required training in health and safety, documentation, etc., employers could concentrate training around the needs of the actual individuals they will be serving.

CDS was originally funded by a federal "Projects of National Significance" grant. Although it was intended to train workers to support people with developmental disabilities in the community, the program has been used to train workers who support elderly persons, people with physical disabilities, and people who live in facilities.

3. Statewide Access to Services:

The Council is interested in partnering with the Department on the feasibility of implementing Self-determination, Rewarding Work, College of Direct Support, and other efforts in areas of the state with different demographics. The Council is reasonably assured based on experiences in Dane County and other states that Self-determination and the direct service workforce initiatives will succeed in urban areas. The Council needs to explore the potential of both initiatives in rural areas.

Self-determination could benefit consumers in rural areas where there is limited access to traditional Medicaid providers and services. Consumers and their families may choose very creative solutions to their service needs if allowed to use non-traditional Medicaid providers and services. Rewarding Work and the College of Direct Support may be used to train non-traditional providers if existing agencies are willing to provide some support, such as availability of computers for the on-line training. The Council needs to explore these possibilities and would use matching Council funds to perform research and develop rural partnerships.

4. Transition from Children's System to Adult System:

The Council is interested in working with the Department on developing expertise within the Aging and Disability Resource Centers on transition issues for young people with developmental disabilities. In this context transition means helping young adults obtain independent employment, housing, and creating meaningful lives as well as entering the publicly-funded long-term care system. The Council is piloting a program called Peer Power which assists young adults to tap into resources that non-disabled young adults use on a regular basis to create meaningful lives after graduation. The Council believes Peer Power has the potential to reduce reliance on the public system by emphasizing using other connections to meet their needs. The Council would use planning funds to further develop and explore a proposal in this area.

Geographic Area of Interest:
Statewide.

Proposed Scope and Nature of the Program:

The Council will be a partner to DHFS in developing a system that provides consumer satisfaction and cost effectiveness. The Council is primarily concerned with individuals with developmental disabilities; however, all the components that the Council wishes to develop and explore would apply to people with physical disabilities and the elderly population.

The Council is currently developing a five-year State Plan, to be submitted to the federal government in August. This plan guides the investment of Council resources, including staff time, contractors, training costs, publications, et al. The Council will invest approximately \$6 million in systems change over the five years, and it is likely that the long-term care system, self-determination, and workforce will be priority areas in the plan.

Services/Resources the Council offers:

- Training and Technical Assistance
- Research and Publications
- Coalition building
- Networks of consumers, families, and advocacy organizations
- E-mail alert system reaching over 5000 people
- User-friendly web sites
- Funding for demonstration projects
- Public awareness campaigns